

JOB REPORT FOR SINGLE AND MULTI-FAMILY DWELLING

Agency:_____ RetroTech Type:_____ Job #:
 Client Name:_____ Address:_____
 Social Security #:_____ Phone #:_____ Completion Date:_____

Blower Door Readings: PRE: _____ CFM₅₀ at 50 Pa/.20 WC
 Volume:_____ ft³ POST: _____ CFM₅₀ at 50 Pa/.20 WC
 Closure:_____ CFM₅₀ (Circle pressure units that apply to your blower door. If
 MVR:_____ CFM₅₀ unable to reach these pressures, send attachment with report.)

FOR EACH MEASURE, DESCRIBE THE WORK PERFORMED AND THE MATERIALS COST, OR WHY WORK WAS NOT DONE. ATTACH ADDITIONAL SHEETS IF NEEDED. THIS REPORT MUST BE SUPPORTED BY DETAILED INFORMATION IN THE CLIENT'S FILE.

I. Heating/Cooling Equipment Inspection and Repair \$_____

	Fuel Type (post)	Carbon Monoxide (post)	Draft (post)	CAZ (post)
Unit #1: Water Heater		ppm	WC	Pa
Unit #2:		ppm	WC	Pa
Unit #3:		ppm	WC	Pa

Attach Pressure Pan Readings if ductwork present.

Describe work/Reason not done:_____

II. Seal Major Air Leaks and Bypasses \$_____

Describe work/Reason not done:_____

III. Insulate and Vent Attic \$_____

Describe work/Reason not done:_____

Attic Zonal Pressure With Reference To (WRT) the house:_____ Pa

IV. Insulate Sidewalls \$_____

Describe work/Reason not done:_____

V. Insulate Ducts/Heating Pipes \$_____

Describe work/Reason not done:_____

Basement Zonal Pressure With Reference To (WRT) the house: _____ Pa

VI. Insulate Domestic Hot water Heater \$_____

Describe work/Reason not done:_____

Incidental Repairs (specify):_____ \$_____

Clothes Dryer Vented and Dampered to Outside? _ Yes _ No _ N/A

TOTAL MATERIALS INSTALLED: \$_____

TOTAL MANHOURS TO PERFORM WORK: _____